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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | 10/575,933 | | | 15/2006 | To be Mailed |
|--|--|---|--------------|---|---|---|-----------------------|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY |
| | FOR | N | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | П | RATE (\$) | FEE (\$) |
| | BASIC FEE (37 CFR 1 16(a), (b), | or (c)) | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| | SEARCH FEE (37 CFR 1 16(k), (i), | | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| | EXAMINATION FE | | N/A | | N/A | | N/A | | 1 | N/A | |
| | TAL CLAIMS CFR 1 16(i)) | | minus 20 = | | | 1 | X \$ = | | OR | X \$ = | |
| IND (37 | EPENDENT CLAIN CFR 1.16(h)) | 1S | minus 3 = | | | 1 | X \$ = 1 | | 1 | X \$ = | |
| APPLICATION SIZE FEE (37 GFR 1.16(a)) (37 GFR 1.16(a)) (38 GFR 1.16(a)) (39 GFR 1.16(a)) (30 GFR 1.16(a)) (31 GFR 1.16(a)) | | | | | on size fee due for each n thereof. See | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | J | | | ı | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | J | TOTAL | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMAL | L ENTITY | OR | | ER THAN ALL ENTITY |
| AMENDMENT | 12/12/2011 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16()) | · 12 | Minus | 20 | = 0 |] | x s = | | OR | X \$60= | 0 |
| | Independent (37 CFR 1.16(h)) | • 2 | Minus | ***3 | - 0 |] | X \$ = | | OR | X \$250= | 0 |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | 1 | | | OR | | |
| | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,15(i)) | * | Minus | | - | 1 | X \$ = | | OR | X \$ = | |
| M | Independent (37 CFR 1 16(h)) | * | Minus | *** | - | 1 | X \$ = | | OR | x s = | |
| 딟 | Application Size Fee (37 CFR 1.16(s)) | | | | | 1 | | | ı | | |
| Ā | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| *! If the entry in column 1 is isses than the entry in column 2, write 0° in column 3. Legal Instrument Examiner: *If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". *If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "N" INTERS SPACE is less than 20, enter "20". **THE HIGH POLICE THE SPACE IS SPACE | | | | | | | | | | | |

into consciond information is required by 3 of Let 1. 16. The findmand is required to distant or retain a content of the light of the process) an application. Confidentially is governed by 3 of U.S. C.12 and 37 Offen 1.14. This condition is estimated to take 12 minutes to one injective including galineting, preparing, and submitting the completed application form to the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to complete this form and ors suggestions for reducing this burdon, should be sent to the Cell elithornation of Disc. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2231-0. D.N. OT 1550, Alexandria, V.A. 2231-1450.

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